

NewsPro

The Magazine for News Professionals

April 19, 2010 **crain**

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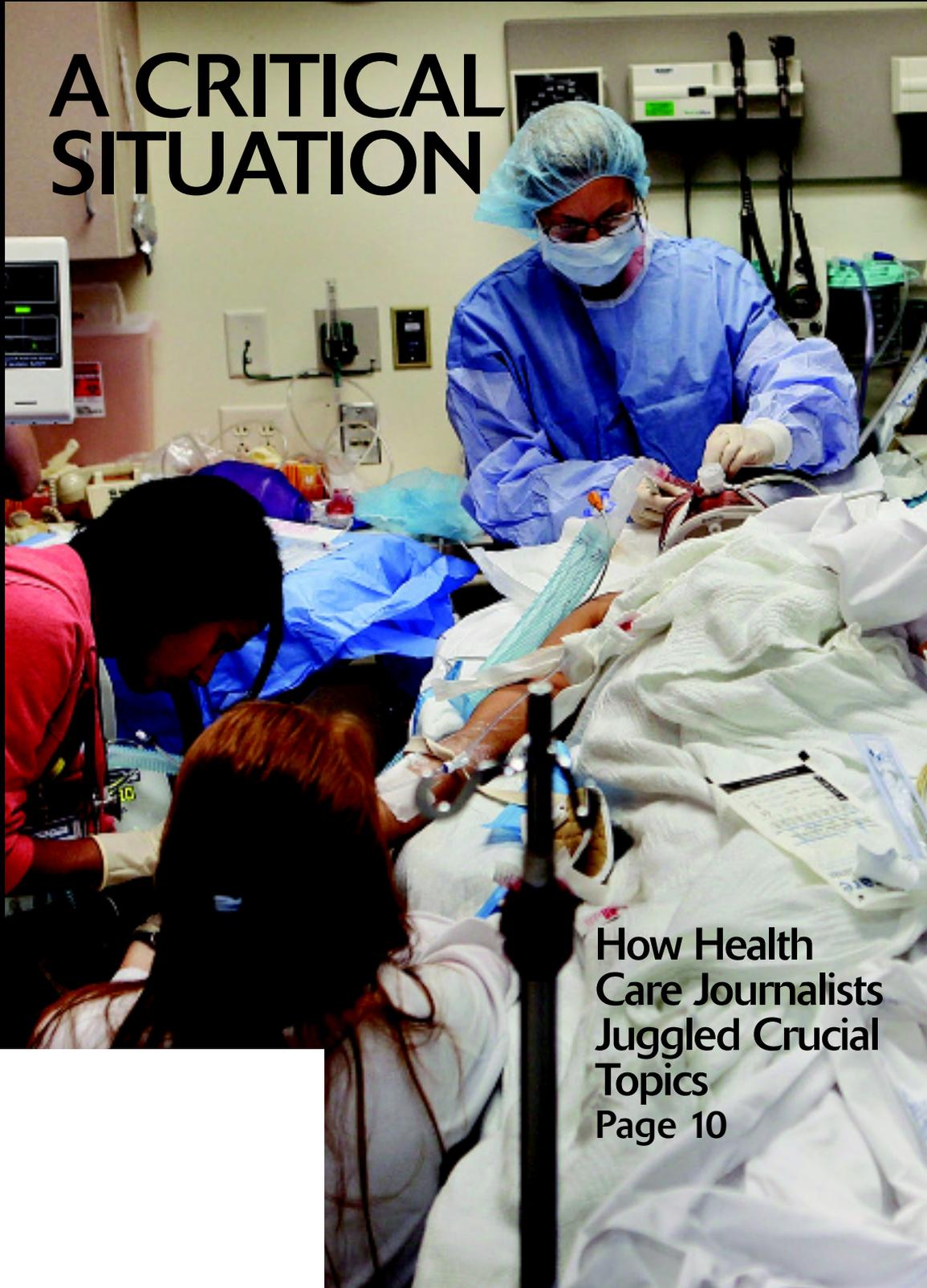
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The shrinking ranks of health care journalists come off a year dominated by coverage of health care reform, the swine flu pandemic and the Haiti earthquake.

* Members of the Association of Health Care Journalists gather in Chicago to focus on the future.

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FROM THE EDITOR

The Battle on Health's Front Lines



Health care journalism has been challenged on a number of fronts in a year marked by controversial and complicated health care reform, the threat of a swine flu pandemic and a major earthquake in Haiti that killed 230,000 people.

The loud shouts of the enormous political battle surrounding the overhaul of the U.S. health care system often overshadowed the particulars of the measure's intent, which health care journalists were often hard put to communicate. Further exacerbating the situation was the fact that at a time when reform complexities required a deep knowledge and understanding on the part of those charged with interpreting the implications of the measure for their constituencies, news organizations were cutting back on resources, in many instances eliminating specialists and spreading out the health care beat among general reporters.

It was a tough time, too, for doctor-reporters on the scene in the aftermath of the Haiti earthquake, who found themselves becoming part of the stories they were covering when their responsibilities to practice medicine on the scene trumped their journalistic need to keep a distance from their subjects — and who ended up taking licks for what was perceived by some as a violation of ethics.

And coverage of the H1N1 pandemic proved a particularly slippery assignment, with its fits and starts encumbered by misinformation, or too little information, as it developed.

As members of the Association of Health Care Journalists convene in Chicago to review these matters and to plan for the next phase of health care reform coverage, the importance of their roles in today's mediascape can not be diminished, even though their ranks might be.

They are more important than ever in a society overwhelmed by too much information, and too little of it precise, informed and accurate.

—Tom Gilbert, Editor



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IN THE LATEST INFINITE DIAL STUDY, 42 PERCENT OF RESPONDENTS SAID THE INTERNET IS THE MEDIUM THEY COULDN'T LIVE WITHOUT.

MEDIA HABITS STUDY

Web Now 'Most Essential' Medium

By **Hillary Atkin**

For the first time, the Internet has squeaked past television as the most essential medium in the lives of Americans.

That finding was part of Arbitron Inc. and Edison Research's recently released "The Infinite Dial 2010: Digital Platforms and the Future of Radio" national survey.

This was the 12th such annual survey measuring media habits among people age 12 and older and included non-Internet and non-cell phone households in its polling of about 1,750 people across the country.

The study showed that when given a choice along with television, radio and newspapers, 42 percent of Americans say the Internet is "most essential" to their lives, with 37 percent selecting television, 14 percent choosing

radio, and 5 percent saying newspapers were the most important to them. While television still leads among those over the age of 45, the Internet dominates among people age 12 to 44.

Television Habits

"We also looked at different ways people are watching television shows to see what percentage are watching nonbroadcast television platforms," said Diane Williams, senior media research analyst at Arbitron.

Twenty-eight percent of those surveyed had watched a full-length television episode streaming over the Internet at some point in their lives, and among the 12-24 age group, 41 percent had done so.

"I viewed it as a reality check on how many people are doing

this," Williams said. "It's something that's fairly in its infancy. As the experience improves, it's an experience that's growing. I read articles that imply that a lot more people are doing this. Should networks be

that viewing habits are shifting and changing. Thirty-seven percent of those surveyed have watched TV shows through their cable provider's video-on-demand service. Thirty-two percent have bought or rented TV series on DVD, while 15 percent have downloaded an entire show episode from an online store like iTunes.

Online TV Viewing

As far as watching television shows online, a five-year trend shows that the big jump was between 2008 and 2009 and that the percentage of people doing it did not increase significantly in the first quarter of 2010, staying at about 22 percent. The average time spent viewing video online was nearly three hours per week.

The study points out that while the rise of online video has been steady and persistent for the past 10 years, many more people still watch television in public places like

While television still leads among those over the age of 45, the Internet dominates among people age 12 to 44.

preparing for additional shifts in this way? Our finding is that online is not taking over the world right now."

Yet the research confirms

doctors' offices, gas stations and stores than online — and that online video still appeals to an audience that is young (12-44) and male.

Web Not Replacing TV

"Online does not appear to be a replacement activity for broadcast," Williams said. "We're not seeing enough volume. Watching online seems to be extra — catching up on episodes. There are two categories: full-length and watching any video online. A good deal of video that people are watching online is shorter form, like YouTube videos."

The study showed that Americans still hold radio in high regard, with nearly 80 percent saying they plan to listen to as much AM/FM radio in the future as they do now — and it still beats the Internet as the main venue in which people find out about new music.

Radio on Mobile Phones

"Younger consumers show interest in radio on mobile phones," said Tom Webster, vice president of strategy and marketing at Edison Research. "More than 4 in 10 mobile phone owners age 12 to 24 say they would listen more to FM radio if a tuner were built into those phones."

Another growing trend that's important to watch: When more cars are equipped with seamless integration systems, more people will listen to an iPod or an MP3 player through a car stereo system. About 1 in 4 do so currently — even though many have to deal with adapters and other barriers that can make it cumbersome.

The study also showed that online social networking has exploded, with the number of Americans age 12 and over who have a profile on a least one social networking Web site reaching 48 percent of the population, literally doubling in the past two years.

ONLINE

Demand on the Rise for Health Care Apps



By Debra Kaufman

At Apple's 2009 worldwide developer's conference, Johnson & Johnson company LifeScan demonstrated an app that lets diabetics upload glucose readings from their blood glucose monitors to their iPhone, send the readings and a message about how they're feeling to their physician, and use a meal builder and insulin schedule.

"That was a watershed moment," said Brian Dolan, who co-founded and edits MobiHealthNews.com, a Web site about the health care sector's adoption of mobile technology. "In the last year, health care as a mobile sector really picked up steam."

Popular on iPhone

In the arena of iPhone apps, there is perhaps no division attracting as much attention as health care.

MobiHealthNews.com did the research to quantify the momentum and came up with some astonishing figures. (The full report is available on the site for sale, but its findings were made available to *NewsPro*.)

As of March 2010, upward of

5,820 apps are related to medical, health and fitness. Health- and medical-related apps aimed at consumers let people track chronic illnesses, sleep patterns, headaches and menstrual cycles. They allow users to store important medical information, research natural cures and figure out what their symptoms mean.

Numbers Uncertain

How many people are downloading them? The vast majority of apps — more than 5,000 — are for the iPhone, but since Apple is not forthcoming on their download numbers, it's impossible to definitively quantify the number of downloads.

That is changing as the number of apps written for other

developers, companies that produce apps and medical publishers with a Web presence online. "These were the first established players," said Dolan. "Pharma has just a couple. Medical device makers are slowly getting into it. And slowly we're seeing more and more coming from health care providers."

On March 1, for example, the Mayo Clinic launched the free Mayo Clinic Symptom Checker, an iPhone/iTouch app that lets users enter symptoms and provides guidance on self-care as well as advice on when professional care is necessary. It also allows users to search the Mayo Clinic Web site on various health topics and gives information about Mayo Clinic care. Launched in January, the



platforms — BlackBerry, Palm, Android, Nokia and 3rd party apps — burgeons. Dolan reports that he investigated the approximately 500 Android-based health care apps.

"We were very conservative with our counting and, as of March 1, they'd gotten 3.3 million downloads already," he said. "That's pretty amazing. When you consider that Apple has 5,000 apps, should we extrapolate out to 30 million downloads? I don't know what it is for sure, but it's a big figure."

Despite the LifeScan app being demonstrated by a big corporation, the majority of apps are still written by individual

Mayo Clinic Meditation app, which costs \$2.99 in the iTunes store, teaches mind-body techniques based on research by a physician.

Professional Apps

Some of the apps are aimed at doctors and other health care professionals, including Epocrates RX, a continually updated drug database; General Medical History, an app to assist medical students taking a patient's history; ReachMD CME, an app for doctors to earn continuing medical education credits; and numerous calculators, including MedCalc, for physicians to get access to

Feeds

medical formulas.

Other medically oriented apps provide health care professionals with such tools as eye charts and medical dictionaries. Even The Merck Manual of Diagnosis and Therapy, is available, priced at \$49.95. Most apps — aimed at consumers or physicians — are free or priced at 99 cents or \$1.99.

Gauging Impact

What kind of impact do these apps have on peoples' medical decisions and knowledge? Very

Some of the apps are aimed at doctors and other health care professionals

little is known, and the relatively limited penetration of iPhones/iTouch may make apps appear to be of little importance in providing information and tools about health care. But as smart phone penetration soars, health care apps are certain to become ubiquitous.

"It won't be long before we can easily get the information we want on demand," said MDiTV.com anchor-senior news editor Andrew Holtz, who notes that MDiTV will also be distributed to iPhone. "We won't care if it's an iPhone app or an Internet-connected TV device. Just like we flip on the lights without paying attention to the local wiring and power grid, we'll just reach out for content and get it."

THE FUTURE OF JOURNALISM

Poynter to Expand Its 'Sense-Making' Initiative

By Jarre Fees

The Poynter Institute will use a recent \$750,000 grant from the Ford Foundation to expand its Sense-Making program and other initiatives that focus on how the public consumes information, how journalists collect and disseminate news and how to increase responsibility and sustainability, particularly in the nontraditional news sector.

Poynter, which started the Sense-Making initiative in 2009 with an earlier grant from the Ford Foundation, will work with several outside organizations, including the News Literacy Project, a program that pairs experienced journalists with middle school and junior high students to show them how to discern fact from fiction when listening to or reading the news.

Transparent News

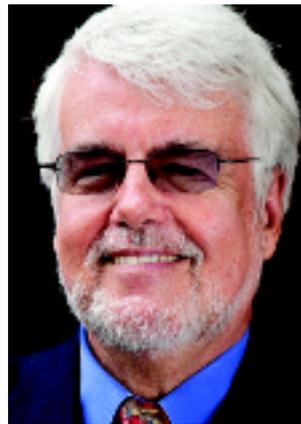
"We want to provide people with tools to make the news transparent," said Kelly McBride, ethics group leader and lead faculty for the Sense-Making program, "and create a place where people can have conversations about what's being reported.

"We want citizens to ask, 'Who funded this? What's their motive?'"

In addition to educating the public, Poynter will continue to collaborate with and nurture freelancers, bloggers and other nontraditional entrepreneurs and



KELLY MCBRIDE, POYNTER INSTITUTE



BILL MITCHELL, POYNTER INSTITUTE

journalists, educating them about accuracy and ethics in reporting.

"In the old system of journalism in the U.S., a certain amount of information was generated every day," said McBride, "and the facts were reported every day, mostly by newspaper reporters and local TV news.

"A small number of people dealt in opinion and repurposing," she said. But since the advent of cable TV and the explosion of digital publishing, "the number of people collecting news has decreased significantly, and the number of people who are repurposing has exploded."

Recognizing the problems inherent in the new digital arena, Poynter has set out to find a way both to increase the accuracy of the news and enable journalists to make a living.

Bill Mitchell, who heads the

News Transformation initiative, also funded by the Ford grant, said his project will focus on those members of the fifth estate who are without journalism experience but who are "committing acts of journalism."

"We want to deal with the ethics of moment-by-moment publishing, and provide the tools for people who have digital-media ideas but lack journalism sourcing," he said. "We'll also be looking at emerging technologies, including new platforms like the iPad."

Mitchell said the Institute would look at how existing news organizations "are transforming themselves. Consumers need and want to move forward and sustain these organizations," he said, "and we can provide some tools to get it done."

Poynter plans to implement a model entrepreneurial startup to educate bloggers and freelancers. The Web site (www.poynter.org) already lists a position for a Ford Fellow who can teach entrepreneurial journalism.

Helping Startups

The Ford grant will allow "one or more journalism startups to help journalists add sustainability to their toolbox," Mitchell said.

While there are "fewer resources in newsrooms," McBride said, "we have every reason to believe that over the next 10 years, larger news companies will stabilize.

"Some of them will have partnerships. Some of them will come to work with an agenda or an advocacy role. Some will come with a political approach, and some will come with a more traditional, nonpartisan approach."

The Sense-Making initiative, she said, will help "the smaller companies and individuals who will fill in the gaps."

Gleaning From the Internet: Daily Stops for Journalists

NewsPro's rundown of some daily must-reads about the journalism business, print and otherwise.

* * For more than a decade Jim Romenesko has been running the Poynter Institute's journalism blog, which bills itself as "Your daily fix of media industry news, commentary, and memos." He throws in the quirky item, as well.
<http://www.poynter.org/column.asp?id=45>

* * Digital media developments are tracked at the Knight Digital Media Center's OJR: The Online Journalism Review, and PBS' MediaShift.
<http://www.ojr.org/>
<http://www.pbs.org/mediashift/>

* * The future of local media gets analyzed at Lost Remote.
<http://www.lostremote.com>

* * Good roundups of the field are available at Journalism.org, the Web site of the Pew Research Center's Project for Excellence in Journalism, and at I Want Media, which aggregates a lengthy list of headlines from the news about newspapers, television, magazines, radio, the Internet, advertising and even books.
<http://www.journalism.org/>
<http://www.iwantmedia.com/>

* * Alan D. Mutter is a former journalist-turned-media and technology consultant, who says his "Reflections of a Newsosaur," a blog about future business models for journalism, are "musings (and occasional urgent warnings) of a veteran media executive, who fears our newsgathering companies are stumbling to extinction."
<http://newsosaur.blogspot.com/>

* * Newspaper industry stalwart Editor & Publisher, no longer in print, continues to live online.
<http://www.editorandpublisher.com/>

— Elizabeth Jensen



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USA Today Farms Out Online Content

By Nat Ives, Advertising Age

USA Today's Web site has started running thousands of pieces of original travel editorial from the Demand Media content farm, making USA Today the latest traditional news publisher to incorporate editorial from an outside supplier, and producing a big win for Demand Media's content-generation effort.

Readers can now find about



USA TODAY IS RUNNING CONTENT FROM DEMAND MEDIA FREELANCERS ON ITS WEB SITE.

4,000 items from Demand Media freelancers on the new Travel Tips section of USA Today's site, including "Least Crowded Times to Go to Disney World," "How to Raft in the Arizona Grand Canyon" and "Travel Tips for Ireland."

Demand Media, the content studio and social media company that hired Yahoo sales

chief Joanne Bradford to be its chief revenue officer last month, is paying to generate the content and is selling keyword advertising in the section. USA Today is selling its new display ad inventory. The two are splitting the revenue.

Traditional publishers have been getting more comfortable using original content from outside suppliers, egged on by simultaneous needs for new ad revenue and cheaper content. Last November, for example, The New York Times introduced a Chicago edition including local coverage provided by a new organization, the Chicago News Cooperative. And the Atlanta Journal Constitution gets a travel article a week from Demand Media, which itself has become a subject of increasing coverage in major media.

Keeping Costs Down

"It is simply news companies understanding they've got to get their cost of content creation down," said Ken Doctor, author of "Newsonomics" and a news industry analyst at Outsell. "That is a huge driving force at the traditional news companies: They have got to get their content costs down. The traditional way of doing that is

you do buyouts and layoffs, and we've certainly seen thousands of those. In general what these content farms are showing is there's another way to do this."

But The Times is relying on wholly human editorial judgment from the Chicago cooperative, which is led by a former managing editor of the Chicago Tribune and supported by public TV and radio stations. And the Atlanta Journal Constitution isn't relying on Demand Media's data-crunching to identify story ideas the way USA Today's Travel Tips section does — much less picking up thousands of editorial pieces.

The USA Today section is a more significant effort because Demand Media is studying Web searches and Web-surfing behavior to identify potentially popular items, then assigning the stories and video to a much larger network of writers, said Dave Panos, CMO at Demand Media.

Studying Searches

USA Today hopes the site will draw a lot more traffic without putting new demands on its own staff. "We're not going to sit and write 4,000 'How to Travel With a Toddler' or 'How to Find the Best Airfare Deals' pieces, but that's the sort of thing people are searching the search engines for," said Victoria Borton, general manager for travel at USA today.

"We've got upwards of 15 editorial staff creating content, and they're going to continue doing what they do best, which is really enterprise features," Borton said. "And we have our experts on cruises, air travel and hotels, and, of course, our industry coverage. We're going to keep going as deep and broad as we can in those areas and let Demand fill in the gaps on that volume."



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Nancy Snyderman: Doctor, Journalist, Perpetual Student



When NBC News' Dr. Nancy Snyderman reported from Haiti, she left her TV crew to go help victims.

Dr. Nancy Snyderman, NBC News' chief medical editor since September 2006, attended medical school at the University of Nebraska and did residencies in pediatrics as well as ear, nose and throat surgery at the University of Pittsburgh.

Her TV career began in 1983 at KATV in Little Rock, Ark., around the same time she joined the surgical staff at the University of Arkansas. In 1985 she began reporting on medical issues for ABC News, contributing to "20/20," "Primetime" and "Good Morning America," and occasionally co-hosting the morning program. (For a decade, she simultaneously filed medical reports for KPIX-TV, the CBS affiliate in San Francisco, where she lived.)

Snyderman left ABC in 2002, after endorsing Tylenol in a radio ad (which she called a mistake), and joined health company Johnson & Johnson as vice president of consumer education. At NBC now, her reports air on "Today," "NBC

Nightly News With Brian Williams" and MSNBC. The author of three books, Snyderman is also on staff in the Department of the Otolaryngology-Head and Neck Surgery at the University of Pennsylvania.

She recently discussed her career with *NewsPro* correspondent Elizabeth Jensen. An edited version of that interview follows.

NewsPro: You had an undergraduate degree in microbiology, and were in the midst of a surgical residency when you started in local television. What prompted that? And when did you decide to make it more of a full-time calling?

Nancy Snyderman: It was a total accident. I was doing a tonsillectomy during my residency at the University of Pittsburgh and I ended up being interviewed on whether tonsillectomies were performed too often. The chief of staff didn't want to be on TV. By the time I left my residency I had been on air four or five times.

When I got my first job at the University of Arkansas, I approached the NBC affiliate and the ABC affiliate and said, 'You don't have any doctor-reporters.' The ABC affiliate gave me a crack at it for \$37.50 an appearance.

To me, television was a lot like sitting at a patient's bedside: You just talk plain. My job is to make complicated stuff comprehensible without ever

talking down to people.

NewsPro: Did you ever have any training in journalism and if not, did you wish you had?

Snyderman: No. ... To be a good journalist and to be a really good doctor, you have to have insatiable curiosity and you have to realize you are going to be the perpetual student. If you don't like to learn and you don't like to read, neither of these fields is going to be good.

NewsPro: The viewer appetite for health news on television has exploded since you began in TV. But at the same time, sound bites have gotten increasingly shorter. How have you had to adjust? Are consumers still being served?

Snyderman: Consumers are being served, but now instead of having it a la carte, they can choose from a big old buffet, and there's good stuff and bad stuff coming in from all directions.

[On the shortness of sound bites]: The problem is not to dumb it down so there's no meat in something you do. I really learned it from Charlie Gibson when I used to co-host "Good Morning America" with him. ... You almost have to think that 10 seconds is a really big stretch of time, because if you rush you make your viewer nervous.

NewsPro: With the Internet, consumers have more medical information than ever, much of it conflicting. Is it appropriate for doctors who are also reporters to make recommendations for viewers?

Snyderman: I'm probably more old school than some. I was raised that you have to talk to a

patient, to touch a patient. ... With the swine flu shot, my advice was, I think people should have gotten it ... but when it comes to gout, heart disease, I'm not going there. ... For me it's a very, very black and white line between a personal health issue and a public health issue.

My job is to look at studies that come across and say, 'I think this has merit and this doesn't.'

NewsPro: The Haitian earthquake set off a debate among journalism ethicists about whether the medical reporters there — you included — should be treating victims with the cameras rolling. Were you at all conflicted?

Snyderman: I think if you're doing something to the cameras, playing to it to say 'watch me,' yeah, I've got an issue. Personally ... I was an accidental surgeon; I walked into a situation where there were no doctors. I left my crew and went to work. ... I have never done that before, but there were so many damaged and broken people there was no way I, as a surgeon, could have stepped over them and said, 'Sorry, I'm reporting a story.'

My soul searching wasn't 'am I doctor or am I a journalist?' My torment was, 'were the decisions I made in the field so fast, so definitive, did I leave some people to die I could have helped and some, in intervening, did I prolong the inevitable?' My questions I had to wrestle with were much more personal. ... I get both sides of this. I have examined it inside and out and I have a very, very clear conscience about what I did.

THE QUEST FOR COVERAGE

Reform, Flu and Quake Dominate Health News

From the battle royale over the complicated issue of U.S. health care reform to the ethical questions raised by doctor-reporters covering — while sometimes administering aid to — victims of the devastating Haitian earthquake and a flu virus misfire, it has been a singularly challenging year for the shrinking ranks of health care journalists.



By Debra Kaufman

It's impossible to talk about the state of health care journalism in the U.S. today without noticing the elephant — and the donkey — in the room: the debate over health care reform that dominated headlines, sound bites and Internet posts in 2009 and early 2010.

"It's the best of times and the worst of times in health care journalism," said Gary Schwitzer, who is leaving his post as associate professor at University of Minnesota School of Journalism and Mass Communication to devote full-time efforts to publish *HealthNewsReview.org*. "We're talking about a spectrum of fantastic efforts by hard-working journalists who clarified the confusing picture out of Washington.

Focus on Politics 'a Disservice'

"At the other end of the spectrum, others chose to focus on the horse race of politics and did as great a disservice as any that I've seen," continued Schwitzer, "because journalists allowed such a polarized view to be presented — absolutely nonfactually based, ridiculous assertions, such as the 'death panels' — without questioning them."

Trudy Lieberman, immediate past president of the Association of Health Care Journalists (AHCJ) and a contributing editor to the *Columbia Journalism Review*, notes the irony that "we've lost capacity in health care reporting at a time when its need is really great. What I've seen is a lot less local reporting on the health care

reform issues," she said. "A lot of local news outlets rely on AP and other wire organizations."

The launch of two nonprofit newsrooms that distribute stories to other news organizations was a serendipitous turn of events to ameliorate some of this loss of capacity: ProPublica, which began publishing in June 2008, and Kaiser Health News (KHN), which debuted June 2009, are continuing to build their relationships with major news organizations and in-depth stories.

Laura McGinley, KHN executive editor, pointed out some of the upsides of the focus on health care reform for health care journalism. "This is a time of intense interest in health care, and even things that are incredibly wonky are getting attention," she said. "I wouldn't be surprised if there was some health care fatigue for awhile. But I also think people are paying attention and have learned a lot about how the health care system works or doesn't. I would hope there would be continued interest."

Impact on Coverage

Schwitzer is concerned that the political skew in covering the health care reform debate has impacted coverage of other health care topics, in particular that of screenings and tests. When, in November 2009, the U.S. Preventive Services Task Force raised the recommended age for beginning mammograms from 40 to 50, based on the low risk of breast cancer between ages 40 to 50 and the risk of false positives and complications from biopsies, much

PHOTOGRAPH BY SCOTT OLSON GETTY IMAGES

of the coverage focused on the emotional reaction rather than the evidence-based results of the task force. “This was a nonpolitical story that was made to look political and allowed this polarized frenzy to be whipped up,” said Schwitzer. “It’s a bad harbinger of things to come.”

Not everything is bleak when it comes to health care journalism. This past year also saw the Internet establish itself as a more important new medium for serious health care journalism, and not simply on the Web sites of ProPublica and KHN. “The blogosphere is growing, much more than five years ago,” said Lieberman.

Andrew Holtz, senior news editor at startup MDiTV.com, said he agrees. “Everybody is trying to make sense of how you do journalism using the new technologies and also taking into account how those technologies have changed the business,” he said. “It’s sometimes happening by choice, other times by necessity as the old news organizations shrink.”

Growth of Online Video

MDiTV.com is a for-profit venture that is video-based. “It’s like watching on-demand TV,” explained Holtz. “Health has always been big on the Internet, and video is catching on as more people have broadband.”

Online sites and blogs also allow for niche journalism and stories unhampered by the need to adhere to time or word limitations. Dr. Ivan Oransky, executive editor of Reuters Health at Thomson Reuters and AHCJ treasurer, also notes the rise of “people doing things that are clearly journalistic who are not full-time journalists. This is an increasing trend partly because the barrier to entry for publishing is much lower,” he said. “And because of the shortfall in the number of health care reporters due to layoffs.”

Although the quality of coverage varies, Oransky is enthusiastic about several bloggers, singling out Schwitzer’s HealthNewsReview.org site; as well as Dr. Daniel Carlat, who is also an associate clinical professor of psychiatry at Tufts University School of Medicine; and Dr. Val Jones, who, in addition to her own blog, The Voice of Reason, also brought together a network of health care bloggers at GetBetterHealth.com. Lieberman also blogs about health care for the Columbia Journalism Review at CJR.org.

Currently, most serious bloggers have a day job, although other health care journalists are doing their best to create a business model that will replace jobs lost in traditional media. For now, however, at a time that health care issues take center stage, the economy and the sea change in journalism both conspire to limit coverage.

“It’s still tough out there,” said Holtz. “Health journalism isn’t really different than what’s happening in newsrooms in every part of journalism and the economy. We have to hope this is close to the bottom, and we’ll climb on up from here.” □

AHCJ Looks Ahead

Journalists Shift Focus to What’s Next in Health Care Reform

By Elizabeth Jensen

Attendees at the Association of Health Care Journalists’ 2010 convention in Chicago may be coming to do the usual rounds of catching up with far-flung friends and making business contacts, but first they have to work.

Even before the Thursday night welcome reception, the April 22-25 conference has scheduled back-to-back newsmaker briefings, with Thomas Frieden, the director of the Centers for Disease Control and Prevention, and Katherine Sebelius, secretary of the Department of Health and Human Services.

Friday morning, bright and early at 8 a.m., there’s another briefing, this one from Jeffrey Shuren, director of the Food and Drug Administration’s Center for Devices and Radiological Health.

Newsmaker Briefings

Len Bruzzese, the executive director of the AHCJ, said via an e-mail interview that the group is “excited to have three newsmaker briefings this year, which can generate breaking-news reports for those attending. The information shared in these sessions can usually be localized for almost any city or state.”

Attendance at the convention was down in 2009, but Bruzzese said he’s expecting a crowd of close to 500 people this year for the event, well above last year. For one, Chicago, where the convention is being held, is easier to reach for the East Coast members than last year’s venue, Seattle. Moreover, he said, AHCJ was able to work with more foundations this year to offer fellowship support for reporters who needed financial help in order to attend.

As in the past, “We wanted to once again put on a wide range of sessions to cover the core angles of health-related coverage,” Bruzzese said, including

medical research, health policy, the business of health care, consumer health and public health.

And, he said, given the recently passed national health care overhaul, “We particularly wanted to pay attention to what’s next in health reform efforts. We have a track of health reform sessions that address topics that can be covered on the local scene — within our attendees’ own communities.” Those topics include “Does Comparative Effectiveness Research Work?” as well as an outlook for hospitals, what’s ahead for state and local governments, understanding health insurance and whether there is a looming doctor shortage.

Spotlight on Swine Flu

Another topic that is still fresh in reporters’ minds is swine flu, which appeared on the scene just one year ago. The Friday lunch “spotlight” panel, Bruzzese said, will bring together public health experts, including Jeffrey Levi, executive director of Trust for America’s Health; Dr. Anne Schuchat, director of the CDC’s National Center for Immunization and Respiratory Diseases; and Litjen Tan, director of medicine and public health at the American Medical Association and co-chair of the National Influenza Vaccine Summit, to assess how

the government, media and the private sector reacted to the pandemic.

Awards Luncheon Keynote

The keynote speaker for Saturday’s awards luncheon will be Dr. Peter Pronovost, an intensive care specialist who founded the Quality and Safety Research Group at Johns Hopkins University. Pronovost, a MacArthur Fellowship winner, has been in the news in recent weeks with the release of his book, “Safe Patients, Smart Hospitals: How One Doctor’s Checklist Can Help Us Change Health Care from the Inside Out.” Atul Gawande wrote recently in *The New Yorker* that Pronovost’s work “has already saved more lives than that of any laboratory scientist in the past decade.”

Finally, Bruzzese noted, in recognition of the changing work circumstances of journalists, the conference has designed a couple of opportunities specifically aimed at freelancers, including a “PitchFest,” where freelancers get the chance to propose story assignments to editors. The Friday session will include editors from *Self Magazine*, *The New York Times*, *WebMD*, *MSNBC.com* and *Kaiser Health News*, among others. □

***For profiles of the first-place winners of AHCJ’s Awards for Excellence in Health Care Journalism, see Page 26.**



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AS COVERAGE OF THE TRAGIC JANUARY EARTHQUAKE UNFOLDED IN HAITI, JOURNALISTS ON THE GROUND SOMETIMES FOUND THEMSELVES BECOMING PART OF THE STORY.

Doctors in Crisis

Ethics Issues Arise in Haiti for Physician-Reporters

By Dinah Eng

For most journalists, reporting the news means telling stories with accuracy and objectivity, but when you're in the middle of a natural disaster, keeping your distance from the unfolding event isn't easy.

Media coverage of the January earthquake in Haiti shared tragic stories about the victims of the 7.0 temblor that resulted in thousands of deaths and

countless injuries. As the tragedy unfolded, journalists on the ground found themselves, in many cases, becoming part of the story.

Physician-reporters, who were covering the news for various networks, often chose to do double-duty, covering the story and treating victims as well. When the medical care they gave ended up on camera, critics

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objected to the apparent conflict of interest.

“A journalist’s loyalty is to her audience, and the doctor’s loyalty is to her patient,” said Kelly McBride, ethics group leader at The Poynter Institute. “I take issue with news organizations that send their doctor-reporters to the middle of natural disasters like Haiti because it creates a set of competing loyalties.”

Loss of Privacy

McBride said if news organizations want to tell the medical story of Haiti, they should interview a doctor on site who’s providing medical care, so that when the doctor says a procedure or treatment is private, the journalist has to turn off the camera.

“There’s just a loss of privacy for the patient,” McBride said. “They’re vulnerable in that situation, and may have a language barrier. They may think if they don’t get some care from this doctor with a camera, they won’t get any care at all.

“It’s sensational to send a doctor-reporter in. They’re doing it to get dramatic footage, and it’s an easy way to have total control over a compelling story.”

During the aftermath of the quake, CNN’s Dr. Sanjay Gupta performed neurosurgery on a child, while NBC’s Dr. Nancy Snyderman splinted broken bones, and ABC’s Dr. Richard Besser helped a woman

deliver a baby. Their efforts were noted in press coverage, making them part of the story as well.

Stephen J. Fox, a lecturer and multimedia journalism coordinator at the University of Massachusetts in Amherst, said some of the coverage in Haiti was done around the clock, all propelled by the competitive 24-hour nature of news on the Internet.

“The visuals of people trapped under the rubble, and the participation of reporters and editors, trying to help people, brings up ethical dilemmas,” Fox said. “You have the Web, television, cable, all melding together now. Most ethical guidelines cut across all delivery formats. The concept is just think before you act.”

A Balance of Interests

Journalists covering natural disasters need to balance three sets of interests when confronting ethical dilemmas — looking at their personal values, their employer’s needs and what their audience would want them to do, said Mary Nesbitt, managing director of the Readership Institute at the Media Management Center and associate dean for curriculum and professional excellence at the Medill School, Northwestern University.

“It’s interesting how extra-complicated ethical issues are in the 21st digital century,” Nesbitt said. “People

“A journalist’s loyalty is to her audience, and the doctor’s loyalty is to her patient.”

**-Kelly McBride,
Poynter Institute**



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CNN REPORTER DR. SANJAY GUPTA STIRRED CONTROVERSY IN HAITI.

“[Sanjay Gupta is] a public educator, not a reporter. It was grasping at straws to make a big deal out of his operating on camera.”

-Bruce Shapiro, Dart Center

are able to interact with their media now, and the fact that we’re able to know almost instantly if what we’re doing is connecting with our audience changes things.

“In my early training, you can’t march in the parade and cover it, too. But you have to take more stakeholders into consideration now, not the least of whom is your readers and audience.”

‘Hope for Haiti’ Criticized

Some critics say the combination of coverage and seeking monetary donations for the relief effort should have been kept separate. CNN, for example, participated in the “Hope for Haiti” telethon, spearheaded by the Hollywood entertainment community, with Anderson Cooper reporting live during the event.

Nesbitt notes that when a journalist becomes part of the story, by soliciting relief aid or helping victims, there’s a business aspect to the act that cannot be ignored.

“It becomes a combination of humanitarian and commercial goals when the reporter is part of the story,” she said. “These stories help build the brand of these larger-than-life journalists, and it reflects

well on CNN and their promise to be there when news happens.”

While American journalists have a tradition of detachment designed to ensure credibility, there are situations that challenge that tradition, said Bruce Shapiro, executive director of the Dart Center for Journalism and Trauma at the Columbia University Graduate School of Journalism.

No Conflict Seen

Shapiro said he did not see any gross ethical errors in the Haiti coverage, and differs with those who criticized doctor-reporters for becoming part of the story when treating victims on air.

“The [CNN] Gupta controversy didn’t strike me as particularly important,” Shapiro said. “Sanjay Gupta is a TV personality who uses TV to educate the public about medical issues, and he’s always used himself as a character in his stories. He’s a public educator, not a reporter. It was grasping at straws to make a big deal out of his operating on camera.

“I know, from informal conversations, that after filing their stories, reporters went back and helped individuals. It’s ethical to put away your notebook and spend an hour helping at the feeding station, or interviewing someone and then putting them in your jeep to go get them some care.”

Shapiro said the biggest ethical issue in covering Haiti’s problems will arise once the crisis is past.

“The obligation of news organizations to follow the families and victims, and holding people accountable for the funds that were raised — that’s the ethical issue that matters,” Shapiro said. “I fear that in the world of shrinking foreign news budgets and 24/7 entertainment cycles, it’ll be easy for news organizations not to commit the resources to continue covering the story in Haiti.” □



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NAMC Survey: Questions of Ethics

NewsPro, in association with the National Association of Medical Communicators, recently polled NAMC members about their attitudes toward the professional demands made on doctor-journalists, and the possibility of ethical conflicts when they are called upon to do both jobs at once.

Their response ratios, and a sampling of their comments, follow.

1: Must doctor-reporters choose between medicine and journalism when faced with a news story that encompasses a great medical need, such as the situation in Haiti?

A: Yes, there is an inherent conflict - 16.6%

B: No, it is possible to do both - 83.3%

Comments:

“Professional life requires trade-offs. The ethical principles that guide actions with patients are different than those that guide a reporter’s with an audience.”

“It would be difficult for a ‘real’ doctor to ignore a medical emergency.”

“Physicians have an ethical obligation to their patients, but if there is no patient present, that specific obligation can be overcome by journalistic ethical guidelines.”

“The moral imperative is to help the injured. It is the oath we take as physicians.”

2: What are the biggest ethical conflicts for doctor-reporters covering a crisis such as that in Haiti?

A: Ignoring countless people in medical need in order to report a story - 20.0%

B: Treating selected cases that have to most potential to generate viewer interest - 35.0%

C: Making themselves part of the story by getting involved in it - 35.0%

D: Neglecting the need for dissemination of information by devoting themselves solely to medical service - 5.0%

E: Other - 5.0%

Comments:

“A physician is never merely a reporter, the Hippocratic Oath still binds the physician, no matter his or her avocation.”

“As an individual, there are many circumstances in which I do not treat the people around me. The need is infinite and my own time is limited. I divide

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“I do not feel getting involved is an ethical conflict. To not get involved is the actual conflict.”

-NAMC survey respondent

my time between practice and nonpractice. I don't think there's any ethical conflict here if I decide to, for example, go to Haiti in a nonpractice role.”

“I do not feel getting involved is an ethical conflict. To not get involved is the actual conflict.”

“I don't think there is a conflict. We help while at the same time letting the world know of the problem. In this way we are helping in another way by reaching many people and giving the “real” story of shortages, needs for continuity of care and a permanent medical presence, and speaking the truth about the situation from a medical, psychological and realistic perspective.”

3: Is a doctor-reporter ethically obligated to assume the role of doctor if an immediate and urgent medical need presents itself in the midst of reporting a story?

A: Yes - 100%

Comments:

“Urgent medical need is a tricky thing: It can look one way on camera, and actually be something different. But if the doctor perceives an urgent medical need, then the doctor's intercession can itself be the story: Sanjay Gupta in Haiti, for example, and New Orleans.”

“It's part of professional DNA, not to mention codes of ethics, to intercede when immediate need requires it. Whether we name this beneficence or fairness isn't relevant.”

“It's the same obligation when we are out in public and a serious emergency occurs.”

“If an individual to whom I am talking suddenly experiences a life-threatening emergency, my

obligation would be to provide medical assistance. Short of that, my obligation would be whatever role I have taken on — journalism, for example.”

4: Does the public get better information and/or news from doctor-reporters vs. standard journalists? Briefly, why or why not?

“Not necessarily. It depends on the story being covered. It may simply be easier, and require much less work/research for a doctor-reporter to report on certain [topics] than it would a standard journalist.”

“No, and because what the public requires is not what doctors are trained to offer. Doctors typically cannot offer simple, clear, accurate short descriptions of diagnosis and treatment. But many learn to do so over time. Learning news is a different challenge altogether. Perspective and timing are everything.”

“In some cases, yes, because the doctor has scientific evidence for the comments that are made and so the comments are grounded in research and not just opinion.”

“Yes, because there is no way for a reporter to understand the complexities of the medical situations as efficiently as a practicing physician. The severity of an injury or disease is frequently not as it might appear to a layperson. The hope is that the medical physician reporter can quickly assess and explain complex issues without complex jargon.”

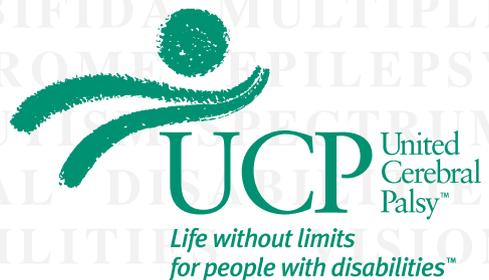
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Reform School

Reporters Struggle to Interpret the Complexities of Health Care Reform

By Dinah Eng

As the spotlight on health care reform has intensified, health reporters have been challenged to explain what policy changes mean to the consumer, especially since political and business reporters seem to have taken the lead on the political front.

Some experts say if health reporters took a deeper look at new medical procedures and products every day, consumers would be better able to understand the complexity of the health care reform debate.

More Not Always Better

“Health stories would be so much better, helpful, accurate and balanced if we got across a couple of simple themes: In health care, more is not always better, and newer isn’t always better,” said Gary Schwitzer, who is leaving his post as associate professor at the University of Minnesota School of Journalism and Mass Communication to devote full-time efforts to publish HealthNewsReview.org.

“Helping the audience become more health literate

means helping people to see both the potential benefit and potential harm in things. We need to get tougher about who’s promoting this treatment or that product, and what do they stand to gain?”

HealthNewsReview.org has reviewed nearly 1,000 health stories in the past four years about new medical treatments, products and procedures.

“You get a good look at the medical arms race playing out in the country,” Schwitzer said. “About 70 percent of the stories we review fail to discuss cost, benefits and harms of the idea. Health care reform coverage has become reporting on the politics, not the content and meaning of the legislation being considered, and a lot of that stirs up polarization.”

Examples Cited

He cites several examples of excellent health stories, including The New York Times’ series, “The Evidence Gap,” which raises questions about the evidence for new technologies, and a Milwaukee Journal Sentinel series

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on “Side Effects,” which looks at conflicts of interest in health care practices.

“If we started framing stories that way tomorrow, I think the cumulative effect on the news-consuming public could be dramatic,” Schwitzer said. “People who work this beat know how difficult it is. You’re constantly reminded of what you don’t know.”

The health care overhaul will be a major topic at the Association of Health Care Journalists’ national conference (April 22-25 in Chicago), said Charles Ornstein, president of the association and a senior reporter for ProPublica.

Policy, Not Politics

“I wish editors and news directors would see that at its core, health care reform is more about policy than politics,” Ornstein said. “The whole way the system works is something people don’t understand. I think a lot of the stories are being done by political reporters, and it’s about who’s up and who’s down, but there have also been serious stories about the cost and implications of health care reform.”

Ornstein said the Association of Health Care Journalists offers reporters a periodic series of webcasts dealing with health issues, including health care reform, and regularly issues tip sheets about covering insurance and the business of health care.

“You can deal generically with cost in stories, but ultimately health care comes down to the decisions

HEALTH CARE OVERHAUL IS A MAJOR TOPIC ON THE AGENDA AT THE AHCJ CONFERENCE.

made by individuals and their physicians,” Ornstein said. “What’s wrong with the health care system is not an easy answer. It’s not just about insurance company profits and patients wanting more and more. It needs time and space to be covered properly, and I think health reporters have done a great job on the issue.”

Noam Levey, health policy reporter for the Los Angeles Times, covered Capitol Hill before moving to concentrate on the health care reform debate from Washington.

He said major newspapers have done a good job of trying to explain what’s in the bill from a policy perspective, as well as what the legislative process entails, adding that cable TV and Web sites seem to have concentrated on the political aspects of the story.

Correcting Misconceptions

“All of us have tried to explain what it means to a consumer,” said Levey, who has done articles on insurance reform efforts in New York, and controversies around the cost and use of mammography and colonoscopy screenings. “When the brochure about alleged death panels exploded, it was classic deception by the opponents of the health care reform bill. It’s challenging to correct a lot of misperceptions.”

Julie Appleby, senior correspondent for Kaiser Health News, a journalist-run nonprofit news service that covers health care, has been covering health care issues for more than a decade. She said before the health care reform debate went to Congress, business reporters generally covered the issue.

“But as it became a big story, everyone threw more reporters on it,” Appleby said. “After the election, some of the political reporters started to take it. The same thing happened last time during the Clinton administration, and it was even more of a political story then.”

Appleby said some recent polls show that the American public is split between whether they like the policy changes or not, but when pieces of the legislation are broken out, the public shows a lot of support.

“Many people don’t know those elements are in the bill, so is the media not covering the debate well enough, or are people not paying enough attention?” Appleby said. “The details are out there, but people have to go and look for them.

“I think people relate to ‘How will this affect me and my family,’ over ‘What are the politicians fighting over today?’ A lot of Americans got turned off by the ideology, so that means those stories are important, too.” □

“[Health care reform] It needs time and space to be covered properly, and I think health reporters have done a great job on the issue.”

-Charles Ornstein, AHCJ

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Viral Vacuum



Limited Information, Uncertain Expectations Marked H1N1 Coverage

By Jarre Fees

Health officials nationwide went on alert in late March 2009 after a unique flu virus was reported in central Mexico. By early April, the 2009 H1N1 virus had been reported in Texas and California; within weeks it had spread to several other states and countries worldwide.

On April 29, 2009, the World Health Organization raised the H1N1 Pandemic Alert to 5, its second-highest level, and announced that an H1N1 vaccine was being developed. The vaccine became available in October 2009, but by then news reports and word of mouth had painted the virus as generally mild, and many people chose not to get vaccinated. By February 2010, governments worldwide were trying to get rid of the surplus.

What Went Wrong?

Where was the big health story on H1N1? Did health organizations designed to notify and protect the public cry wolf? How can responsible journalists cover future and inevitable pandemics?

Maryn McKenna, Association of Health Care Journalists board member and author of “Superbug” (Free Press), said, “Health officials and journalists had trained the public to expect that one thing was going to happen, and then when it happened it was very different than what we had described.”

“The first six months of a flu virus, it’s very hard to know how it’s going to play out,” said Glen Nowak, director of news and electronic media for the Centers for Disease Control in Atlanta. “We told people we didn’t know how this was going to play out but it was better to plan for the worst and have it turn out to be better. We were going to be learning as we were going,

and our advice would probably be subject to change.”

Steve Schwaid, director of news and digital content at WGCL-TV in Atlanta, criticized the CDC for day-to-day handling of the H1N1 outbreak, particularly in how it communicated vaccine information.

“The problem we kept running into was getting clear, reliable information,” Schwaid said. “We could never figure out who was in charge. They would hold a press conference but not take any questions.

“We’re here to notify the public and make people aware,” he added. “But you have to play straight with us.”

Nowak agreed there were problems inherent in the process of gleaning and sharing H1N1 data, but insisted the CDC “made a real, concerted effort to provide information.”

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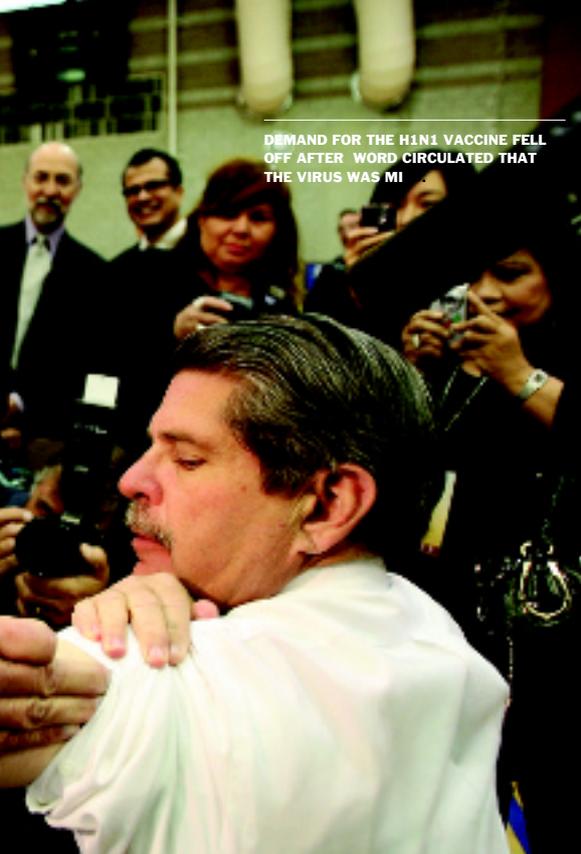
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DEMAND FOR THE H1N1 VACCINE FELL OFF AFTER WORD CIRCULATED THAT THE VIRUS WAS MILD

“We were doing daily press briefings,” he said. “We invited media to CDC. We did quite a bit to make sure we got the message out.”

Fewer Health Reporters

One problem with covering flu pandemics, McKenna noted, is the dearth of health reporters. “Ten years ago, health reporters for national and regional media were agenda-setters,” she said. “But the media that puts out health news to the public are decreasing. So all the people who were senior in their jobs and had the depth of knowledge, those people are all missing. That means a lot of people who were suddenly covering influenza stories were unaware of its history.”

According to the WHO Web site, the “best documented” flu outbreaks have been the 1918 Spanish flu pandemic, estimated to have infected half the population, killing 40 million to 50 million people worldwide; the 1957 Asian flu pandemic, which “affected” 40 percent to 50 percent of world population in two waves and killed more than 1 million people; and the 1968 Hong Kong flu pandemic, in which an estimated 1 million to 3 million people died.

“In order to have a pandemic like those,” McKenna said, “what you need is a new strain of flu that the human immune system has not had before.”

The 2009 H1N1 virus is a genetic combination of North American swine flu virus and North American avian flu virus, along with human and swine flu viruses found in both Europe and Asia.

The combination proved milder than expected, a situation health authorities could not have foreseen and did not seem to address early on.

Journalists covering the pandemic faced additional difficulties when it became clear that local and regional health officials did not adhere to a standard for notifying the public.

Charles Ornstein, president of AHCJ’s board of directors and a senior reporter with ProPublica, said health departments around the country “provided varying amounts of information on [H1N1 deaths]. Some provided an age, city and date of hospitalization — and then you had some health departments who said ‘there was a death and we cannot provide any information because it would violate the person’s privacy.’”

“We think the attitude of ‘public health authorities know best’ is an attitude that needs to be questioned.”

Ornstein said state and territorial health officers have “shown interest in sitting down with reporters to see what kind of agreement can be reached” for future outbreaks.

“History let us down,” McKenna said. “And the people who dismantled the media let us down, and looking back, the CDC let us down.” □

“We told people we didn’t know how this was going to play out, but it was better to plan for the worst and have it turn out to be better.”

-Glen Nowak, CDC

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Doctors to Watch

Physician-reporters are playing an increasingly important role in television news at both the local and national levels, and experienced particularly high visibility earlier this year during coverage of the aftermath of the earthquake in Haiti. *NewsPro* correspondent Elizabeth Jensen profiles some of the current TV medical correspondents who are making names for themselves on and off the air.

Dr. Jennifer Ashton was hired as the medical correspondent for CBS News' "The Early Show" before Executive Producer David Friedman got to the show, but she was one of the elements that stood out for him as he watched the program in advance of taking on his new assignment.

"She pops on TV right away," he said. "Jen is right up there with the anchors." Not only is she knowledgeable, he said, but "she's very easy to understand." He added, "It's almost like going to see her in the doctor's office."

Ashton, who was previously a medical contributor for Fox News, joined CBS in March 2009. She contributes to other shows on the network in addition to the morning program, and was the network's medical correspondent in Haiti after the January earthquake.

Although she is on "The Early Show" nearly every day, and is a regular guest expert on women's health on the "The Dr. Oz Show," she also continues to practice medicine. A board-certified physician in obstetrics and gynecology, Ashton is on the attending staff of Englewood Hospital and Medical Center in Englewood, N.J., and has a private practice, Hygeia Gynecology, which treats women for medical and surgical gynecologic conditions.

In coming months, Friedman said, the show may experiment with having Ashton do stories that appeal to men, as well as women. And Ashton may host roundtables or town halls on various issues. "She's so calm and people really take to her," Friedman said.



Dr. Jennifer Ashton

CBS NEWS



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Dr. Richard Besser

ABC NEWS

Dr. Richard Besser joined ABC News as its senior health and medical editor in September 2009, right in the middle of the swine flu story. It was a story he already knew inside and out; before coming to ABC he was the director of the Coordinating Office for Terrorism Preparedness and Emergency Response at the Centers for Disease Control and Prevention (CDC), and from January to June 2009 he served as the CDC's acting director, leading the agency's response to the H1N1 influenza outbreak.

"The government's loss was our gain," said Jon Banner, the executive producer of "World News With Diane Sawyer." And, said Banner, "He's been an incredibly quick study when it comes to the sausage-making part of our business," learning how to do television. Besser first joined the CDC in 1991, leaving in 1993 for five years to join the faculty of the University of California, San Diego, as the pediatric residency director. He returned to the CDC in 1998.

With so much time at CDC, "It's very easy for him to get a lot of people on the phone," Banner said. His contributions so far haven't been limited to big public health issues; Besser, like other networks' medical reporters, traveled to Haiti in the wake of that country's earthquake. And Banner singled out Besser's recent reporting on the possible dangers of the Fosamax osteoporosis drug, noting that the reports started with a tip, and ended with the FDA alerting doctors to be on the lookout for possible risk of fractures. "He really stuck with it," Banner said.



Dr. Sapna Parikh

WNYW-TV, NEW YORK

Dr. Sapna Parikh was hired by Dianne Doctor, the vice president for news at Fox-owned WNYW-TV in New York City, at her previous station, CBS-owned WCBS-TV. Parikh left to be the medical correspondent for the Fox station in February 2006, and Doctor followed in April 2008.

"She's very intertwined with the public health issues in the city," Doctor said of Parikh, who completed an internship in general surgery at New York's Mount Sinai

Medical Center before going into broadcasting, and is currently working on her master's degree in public health at Hunter College in the city. "She's a step ahead of other reporters, because she has access to so much information," Doctor said.

Parikh, who is also at home filing a report from Central Park demonstrating the best running shoes to avoid injury, appears nearly every day on the station's morning show, "Good Day New York," and a couple

of times a week on the afternoon and evening newscasts. Doctor likes Parikh's ability to "take a complicated medical issue and translate it into simple terms for people."

In recent weeks, Parikh has been working with a group of Jersey City, N.J., middle school teachers who wrote in wanting to participate in the "Dr. Oz Weight Loss Challenge." (WNYW carries "The Dr. Oz Show" in New York.) Her team has been following the group's progress every few weeks, through the May finale. "She's done a great job of tying and making relevant stories from 'Dr. Oz,'" Doctor said.

Dr. Maria Simbra, the Emmy award-winning medical reporter for KDKA-TV, Pittsburgh, started out as a physician, with a private practice and academic career in neurology. But in 2003, a year after beginning reporting for the station, she also received her master's degree in journalism and mass communication. (She's since been pursuing a master's degree in public health, as well.)



Dr. Maria Simbra

KDKA-TV, PITTSBURGH

Simbra, vice president of the National Association of Medical Communicators board, "definitely has taken that part of her life

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seriously. It's important to her and I think that probably comes through," said Christopher Pike, KDKA's vice president and general manager. From 2005-07, Simbra also served on the board of the Association of Health Care Journalists.

Pittsburgh has "an above average interest" in medical stories, said Pike, thanks to the large regional medical community based in the area. Not only are there well-respected treatment facilities in the city, but also a significant amount of research is being done in cancer, diabetes and regenerative medicine, among other fields. "There's an abundance of medical stories," he said. And a proportionately older population is keenly interested in health news, he said.

"Dr. Maria helps us fill that need," Pike said. "She's respected, she's been here awhile, and being a doctor herself adds credibility to her reports. She's also accepted in the medical community, which probably gives her access that others might not get. She's passionate about it, and I think that comes through."

AHCJ Award Winners for 2009

By *Elizabeth Jensen*

The first-place winners of this year's Awards for Excellence in Health Care Journalism exposed questions surrounding the safety of generic drugs, documented how industry distorted the science surrounding the plastics compound BPA and uncovered a pattern of claims denials by disability insurers.

There was a report on a questionable treatment for autism, another on global cigarette smuggling and an examination of the practice of end-of-life care in the U.S. But some of the winning stories also highlighted more positive aspects in the field, including advances in understanding Alzheimer's disease and groundbreaking hospital-based programs designed to cut down on urban violence. Marshall Allen, of the Las Vegas Sun, received the award for beat reporting.

The awards from the Association of Health Care Journalists are meant to recognize the best health reporting in nine categories, from print to broadcast and online media, at a time when the organization is concerned that "special-interest groups may seek to sway media coverage by awarding large prizes for coverage of specific medical and health issues."

More than 250 entries were received this year for the association's sixth contest. Entries were judged by 36 journalists or journalism professors. Winners receive \$500 and have their convention registration and hotel fees covered.



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LINKS TO THE ENTIRE LIST OF WINNING ENTRIES ARE AVAILABLE ON THE AHCJ WEB SITE AT [HTTP://WWW.HEALTHJOURNALISM.ORG/AWARDS-WINNERS.PHP?YEAR=2009](http://www.healthjournalism.org/awards-winners.php?year=2009).

1 > Beat Reporting

First: Marshall Allen, Las Vegas Sun

Las Vegas Sun reporter Marshall Allen was a latecomer to journalism and a reluctant convert to health care journalism. As he was finishing up a master's degree in theology from Fuller Seminary, he moved into daily journalism and discovered the two have "a ton in common: What we do is stand up for what's right and stand up for what's true."

When he landed at the Sun, an editor convinced him within months to switch from general assignment to health care. He says he's "no science expert" and at first, "it didn't sound interesting at all," but once he got going — he's been doing it 3 1/2 years — he realized how much "it really affects people's lives in real and intimate ways." The stories for which he won covered a hospital privacy leak, doctor pay fraud, hidden obesity surgery costs and a surgery to cure epilepsy. The judges cited his "doggedness," which "created stories that get the attention of authorities and results."

He covers national issues from a local perspective, and "I write every story from the point of view of the patient," he said, because in the world of health care, he finds that "there's no one to advocate for the patient." He tries not to take anything from a press release and still maintains good relations with those he covers: "I'm fair and accurate and not out to get anybody."

2 > Trade

First: Joe Carlson, Modern Healthcare, "The Cost of Murder"

The judges had high praise for Joe Carlson's story about how a few tax-exempt hospitals are reducing gunshot violence with outreach programs to victims. The judges said, "Among the hundreds of stories that have been written on ways to reduce health care costs while making Americans healthier, Joe Carlson's is probably the most original and certainly one of the most compelling."

Carlson's beat is not-for-profit hospitals and the story started last summer when Chicago was being rocked by gun violence. "I got to thinking, isn't there some connection here," said Carlson, a former daily newspaper federal courts reporter who joined the trade in 2008. "Hospitals many times are located in communities being besieged by this violence," and furthermore, he said, the nonprofit ones are "mandated by law to reach out to communities to improve them." But many limit those activities to anti-obesity, blood pressure or CPR classes and vaccination programs, he said.

When he probed he found a few programs that were working with violence victims from their first visit — to keep them from coming back. He said he learned that "the best predictor of a violent incident is another violent incident."

[Note: *Modern Healthcare*, like *NewsPro*, is owned by Crain Communications.]

3 > Large Magazine

First: Katherine Eban, Self, "Bad Bargain"

Freelance health care reporter Katherine Eban had been hearing from sources that the generics market "was the new wild west," but that, she said, while intriguing, didn't give her a way into the story. Then when she heard that there was an investigation into generics producer Ranbaxy, she began poking around in earnest. But still, there was "no data, no studies, no head-to-head comparisons, or any obvious way in to a story."

It took one year, and numerous FOIA requests for records, but she was eventually able to put together what the judges called "a first-rate piece of investigative reporting" for *Self*, which had previously published a story of hers about counterfeit drugs that led to the book "Dangerous Doses." "Bad Bargain" raises the warning about lax oversight of generic drugs — by far the majority of the medicine taken today — and the consequences for

patients when they don't get the drugs they think they have been prescribed. The story has had an impact: The Federal Drug Administration, she said, has now agreed to do a head-to-head study of one drug and its generic equivalent that caused so many of the problems documented in Eban's story.

4 > Television

First: HBO, "The Alzheimer's Project"

Maria Shriver, Sheila Nevins and John Hoffman

"The Alzheimer's Project" was HBO's third major multiplatform foray into a public service health campaign, following "Addiction" and "Cancer: Evolution to Revolution." Its five hours, and companion book and Web content, blended serious science with personal stories of the burdens of the disease for patients and caregivers.

John Hoffman, the series producer, said the program, which was co-presented by the National Institute on Aging, part of the National Institutes of Health, stemmed from conversations with the NIH about where advances had been made in diseases of concern to the public and where "the public might not be aware."

Alzheimer's turned out to be "the most-feared illness after cancer," and yet, he said, "increasingly, there are things you can do in middle age to mitigate your chances of developing Alzheimer's in older age." The network "felt that we can use this platform that we have to help people understand advances that, if they knew about them, would reduce their anxiety about Alzheimer's."

The judges were impressed with how HBO "took a complex disease and really dissected it in a unique way."

Next up, for 2012, is the topic of obesity, which will be a project of HBO

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“THE ALZHEIMER’S PROJECT” WAS HBO’S THIRD MAJOR MULTIPLATFORM FORAY INTO A PUBLIC SERVICE HEALTH CAMPAIGN.

and the Institute of Medicine, in association with the NIH and the Centers for Disease Control. It’s the first time the three medical bodies have worked together, Hoffman said.

5 > **Small Magazine**

First: David Case, Fast Company, “Warning: This Bottle May Contain Toxic Chemicals. Or Not.”

David Case, a veteran freelancer who is now the editor of Passport, the membership service of international news Web site GlobalPost, first started reporting his story on the possible dangers of the plastic compound BPA, or bisphenol A, a decade ago. He pitched the story “many times to editors over the years, but it wasn’t ripe yet.”

So he took his box of notes and cassette tapes with him on every move — to San Francisco, Washington, Philadelphia and New York, each time debating whether to toss it. In mid-2008, his diligence paid off with an assignment, but it took another nine months to pull it together.

“The story involves several very determined groups of people trying to keep BPA on the market, one of the biggest industrial chemicals out there,” said Case of the challenges. The other, he said, was making sure everyone understood the science.

For the judges’ part, they found that “our trust in science was shaken after reading Fast Company’s investigation,” which argued that manufacturers

had funded scientific studies that exonerated BPA, muddying the debate when independent studies turned up evidence it caused health problems. The article was cited by BPA researcher Fred vom Saal, of the University of Missouri, in an e-mail to Case, as helping shift the reporting, such that “on January 15, 2010, the FDA announced that it was reversing the decision it had reached in 2008 that it considered BPA safe, and instead identified concern about exposure to BPA and recommending approaches to reduce exposure while it worked with industry to eliminate BPA from a number of current uses.”

6 > **Community papers/regional wire and Web sites**

First: Evan George, Los Angeles Daily Journal, “Disabled and Denied”

This series of articles began, writer Evan George said, when he was having lunch with a source, trolling for ideas, and “she mentioned it in passing,” but it took eight months to pull the pieces together.

He first thought he might find a few cases in which insurance companies were denying disability benefits to people even though they had already been deemed disabled by the government and approved for Social Security. George eventually reviewed 576 cases, and found that the practice was widespread. “The general rule is you find three cases and that’s a trend,” he said, but this story turned out to be “more compelling than we had expected.”

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The AHJC judges cited his “thorough reporting and exhaustive analysis.”

One challenge, he said was “wrapping my head around, and my editor’s head around, exactly what was at issue. Whenever a story idea or case comes from a law professor, you know you’re about to delve into something not too flashy or easily understood.” He also spent time confirming that the victims really were victims, and not scammers. And he ran into frustrations dealing with the state Department of Insurance and federal regulators, “everybody pointing fingers in a different direction.”

The Department of Insurance, Wood said, maintains “they still do everything they can,” and they “felt very slighted by the stories.” They threatened never to talk to him again, he said, but have since relented, although “they have not been warm.”

7 > Radio

**First: Rachel Gotbaum, Anna Bensted, George Hicks
WBUR, “Quality of Death- End of Life Care: Inside Out”**

Independent public broadcast reporter/producer Rachel Gotbaum, a special correspondent for Boston public radio station WBUR, got interested in the topic of end-of-life care because she and her colleagues “all have elderly loved ones and we know that we’re in a region where we have the highest cost per capita of health care in the country.”

Statistics showed that different regions of the country spent different amounts of money on end-of-life care “and I wanted to find out why,” Gotbaum said.

The result was what judges called “an insightful look into costs, ethics and real-life accounts that are bound to make listeners ponder some serious questions.” Gotbaum found that the attitudes of patients, as well as doctors, accounted for some differences.

The reporting, in which Gotbaum was in some cases brought to people’s death beds, was a bit like war reporting. “I could think I was going to go in and make a plan to get something, and I never knew what was going to happen,” she said.

Gotbaum, who specializes in reporting on the “the culture of medicine,” noted that “this kind of reporting is very expensive and very important, and we hope to continue to fund it and find money for it.”

8 > Multimedia

First: International Consortium of Investigative Journalists, Center for Public Integrity, “Tobacco Underground”

A decade ago the nonprofit International Consortium of Investigative Journalists, part of the Center for Public Integrity, exposed how big tobacco companies were colluding with organized crime worldwide to evade taxes and get market share. But much about the multibillion-dollar global trade in cigarettes had changed in subsequent years, said David Kaplan, the editor and project director of “Tobacco Underground.”

With funding from the Johns Hopkins Bloomberg School of Public Health, ICIJ looked at the new money, smuggling routes, technology, globalization, revolutionized communications and emergence of significant counterfeiting powerhouses that had changed the equation, Kaplan said. “What was fascinating to us was these massive black markets that arose to meet the demand, and as investigative journalists that brought us in and was a great way to tell the story, which at bottom line is a health story about increasing addiction and dumping low-cost cigarettes on unsuspecting subjects.”

The multilingual, multinational project was compiled by 22 reporters in 14 countries over 18 months. As the judges noted, the reporting led to “tougher controls adopted by the World Health Organization, an investigation by Serbian authorities, and exposure of Paraguay’s largest

tobacco company,” which tried to stop publication with a bribe. As Kaplan noted, “we’re one of the few news organizations that can field a team like this and take on very difficult targets like multinational corporations and organized crime and smuggling routes and black markets around the world.”

9 > Metro papers/national wire and Web sites

**First: Trine Tsouderos and Patricia Callahan, Chicago Tribune,
“Dubious Medicine”**

Trine Tsouderos and Patricia Callahan’s reporting on controversial treatments for autism got plenty of attention, and not all of it good. A quick Web search turns up plenty of vitriol from parents — one called it a “trash series” — who disagreed with the reporters’ conclusions that the treatments are “uncontrolled experiments on vulnerable children.”

The judges, however, called the series “first-rate medical writing and rigorous investigative reporting,” written with “total command of the material.” The reporters vetted each of the alternative treatments with recognized medical experts to conclude that they were ineffective.

Tsouderos, a former entertainment and features reporter, had just been named to her “dream job” as the paper’s science and medical writer and had never tackled autism before this series. Although as a mom, she says, “autism is always in the back of your head,” she hadn’t thought about the topic much, noting, “I definitely didn’t come in with any preconceived ideas.”

Tsouderos and Callahan, a Pulitzer-winning investigative reporter for the paper, produced five major pieces for the series. They had expected some backlash, Tsouderos said, “but we didn’t really expect the amount of positive response we got. We heard from far more people who were happy we wrote the stories than the negative.” □

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A Healthy Win

A TV Anchor Prevails After His 'Fat' Baby is Denied Insurance

By Allison J. Waldman



KKCO ANCHOR BERNIE LANGE TOOK HIS CASE TO THE AIR WHEN HIS 4-MONTH-OLD SON WAS DEEMED OVERWEIGHT AND DENIED HEALTH COVERAGE.

Richard Heene and his 6-year-old son, “Balloon Boy” Falcon, weren’t the only Colorado father and son to gain national attention from a news story in 2009. Bernie Lange, anchor at KKCO-TV in Grand Junction, and his infant son, Alex, also created a media avalanche and a viral sensation.

Rather than staging an elaborate hoax, all Lange had to do was try to get his 4-month-old baby covered on his health insurance plan.

“I applied for the insurance after Alex was born, and we submitted his 2-month-old wellness exam,” said Lange. “The broker from Rocky Mountain Health Plan came back and said, ‘We can cover you, we can cover your other son, Vincent, but we can’t cover Alex because he’s too fat.’”

Based on the wellness exam, which showed that Alex weighed 14 pounds, the Lange family could not get their baby coverage.

At the time, Alex was not eating solid food. He was being breastfed and, according to his pediatrician, was a remarkably healthy baby. Nevertheless, the insurance company rejected Alex.

First Reaction Anger

“His weight was considered a pre-existing condition. Too fat was a pre-existing condition,” said Lange. “My immediate reaction was anger because it didn’t sound like that much of a surprise given the state of health care in our country. The broker was just delivering the message, but I remember saying, ‘At what point can Alex be covered under this plan – after he diets for a few months?’”

Lange’s anger became a catalyst to act. As a morning anchor at the NBC affiliate, he pitched the story of his personal health care quandary – one that other people might also be experiencing – to the news staff.

“Everybody loved it and said let’s pursue that,” he said. A KKCO news reporter interviewed Kelli Lange, Alex’s mother, that same day. Then *The Denver Post* called for an interview, which ran on Oct. 10, 2009. Despite appearing on a Saturday, a day when newspaper circulation is generally low, the *Denver Post* story was picked up by news media around the country. “By Monday there was a huge media onslaught. I got calls from all the networks, all the morning shows, CNN, the ‘Today’ show, ‘Good Morning America,’ ‘The Oprah Winfrey Show.’ They talked about my son on ‘The View.’ It was an overnight sensation,” he said.

Lange doesn’t believe Alex’s story became a sensation because he happened to be a member of the media and had access to tell the story on-air. He doesn’t even think Alex’s story is particularly unique, but does contend it was all about timing.

“It’s a common story. There are newspapers, news outlets, TV stations that get similar calls everyday,” he said. “Obviously the health care system is mired in bad policy and driven by economics and not driven at all by the care for the human condition.

‘Extraordinarily Healthy’

“But it happened at the apex of this health care debate. There was a critical vote in the Senate and the senator from Maine, Olympia Snow, had reversed her position and the health care reform debate gained momentum,” Lange explained. “It was timing, and it was also such a glaring example of how ludicrous health care is in this country. The thing about Alex is that insurance views him as a risk because of this statistic, when he’s actually extraordinarily healthy.”

Having worked as both a media member, as well as on the other side in public relations, Lange was not surprised that his medical insurer reconsidered Alex’s case after the scrutiny of media coverage came into play. “As a result of the national coverage, Rocky Mountain Health Plan went into crisis communications mode. They said as a result of a CDC guideline, they decided to reverse the policy regarding overweight babies.”

Lange was relieved and amazed by what had happened. “I’ve known about the power of the media because I’ve been involved for eight years, but what I learned was how something can go viral so fast, how word can spread quickly. Within a couple of days, if you Googled my son’s name, it showed up internationally.”

Advocacy Journalism

As a broadcaster, Lange thinks that his personal story was a benefit to viewers, and an example of advocacy journalism at its best. “Alex’s story alerted viewers to the types of issues that affect not just us, but other people,” he said. “They may have perfectly healthy families and find themselves denied health insurance coverage for bizarre loopholes and strange statistics. ... The more these stories are made public, the more outrage there will be, and hopefully more influence on policy. Our story was able to influence policy.” □

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Technology

Long-Distance Operators Two Syndicated Shows Find a Way to Conduct High-Quality Remote Interviews — and Save Costs

By *Hillary Atkin*

It's every television producer's headache waiting to happen: The audio or video going down right in the middle of a remote guest interview — or at any time. It was a scenario that occurred all too often on the syndicated "Dr. Phil" show, which gets much of its substance from Dr. Phil McGraw interviewing guests either on set or from remote locations, and on its spinoff program, "The Doctors."

Those fears of unreliable video connections dissipated recently when the shows instituted some new technology that has made remote interviews from far-flung locations virtually foolproof.

They are now utilizing a standards-based visual communication infrastructure from Polycom, a Silicon Valley-headquartered company known for its phone and video conferencing capabilities, that has provided the shows with dependable, high-definition video.

In the process, not only are more such interviews being used, but the show is saving a bundle on travel costs by not having to transport guests to its studios on the Paramount lot in Hollywood.

Frustrating Road

Production executives and engineers went down a long, frustrating road toward a workable solution, suffering through weak remote connections over which they had no control.

"We used webcams, and sent cameras to people, but the quality of video was terrible," said Rich de Michelle, executive in charge of production for "Dr. Phil" and "The Doctors." "We went from there to OoVoo and they tried to make it work with every bell and whistle, but just couldn't. We tried Skype, because we'd seen it on other shows, and thought it looked good and we could maybe make it work — it just didn't. The video and audio were not in sync. There were dropouts

and hiss, and it was not a workable solution."

'Telepresence' Systems

Polycom sent reps to the Paramount lot to see what was needed for the productions, which was a more robust setup. Each show is now equipped with its own Polycom HDX 8000

her. That requires a two-way feed, which typically costs about \$8,000 to \$15,000 to set up.

In order to ensure a good quality connection at all times, producers at first arranged for remote guests to be interviewed from Polycom offices in cities including Atlanta, Boston and New York. Now guests are sent laptops preloaded with a webcam and software, with the equipment return facilitated.

The new system — only about 6 months old — is an application that lets anyone in the world connect. "We had the ability to do this before with software, but not for anyone on



"DR. PHIL" IS USING A NEW TELECONFERENCING SYSTEM TO ELIMINATE THE COST OF BRINGING IN GUESTS.

and 9000 telepresence system, with an RMX 1000 conference platform and the company's converged management application to manage calls between both shows in the control room.

"Our goal was to talk to Betty in Idaho instead of flying her here," said de Michelle. "If Dr. Phil wanted to have her on camera, the only other alternative was to send a satellite truck to

"Our goal was to talk to Betty in Idaho instead of flying her here."

—RICH DE MICHELLE, "DR. PHIL"

the outside of your firewall to connect to inside the organization," said Bob Knauf, senior product marketing manager at Polycom. "Every major organization has firewalls. We have hardware and software to securely traverse them, and then cancel the access as soon as the shot is over. The 'Dr. Phil' show is one of the first implementations of this total solution."

De Michelle estimated that his shows have used the system at least 250 times since October 2009, and the cost savings for both shows has amounted to more than \$200,000. "But more than savings, it gives us flexibility to do shows that are much broader in scope," he said. "This has been a tremendous success for us." □

Newsmakers

Lori Brown has been renewed as a reporter at WMC-TV in Memphis, Tenn.

Rob Carlmark has joined KPNX-TV in Phoenix as a meteorologist from KSBY-TV in San Luis Obispo, Calif.

Mike Dello-Stritto has been promoted to the newly created position of managing editor-reporter at KOVR-TV in Sacramento, Calif.

Mark Edwards has been renewed as weekend sports anchor and reporter at KTHV-TV in Little Rock, Ark.

Liz Elan has joined KGTV in San Diego as a reporter from KSLA-TV in Shreveport, La.

Kim Fettig has been promoted to 4 p.m. anchor and consumer and finance reporter at WGCL-TV in Atlanta.

Gabe Gutierrez has joined KHOU-TV in Houston as a reporter from WJRT-TV in Flint, Mich.

Andrew Hasbun has been renewed as a lead reporter at KSAZ-TV in Phoenix.

Nefertiti Jacquez has joined KPRC-TV in Houston as a reporter from WTXF-TV in Philadelphia.

Sean Kelly has been renewed as a reporter for the Team 5 Investigative Unit at WCVB-TV in Boston.

Chris Lambert has joined WHDH-TV in Boston as weekend meteorologist.

Justin Lock has joined WGCL-TV in Atlanta as weekend meteorologist from Comcast in Philadelphia.

Melissa Mack has joined WBZ-TV in Boston as a meteorologist from WJW-TV in Cleveland.

Jillian Mele has added general assignment

CLOSE-UP

Marren Joins WTIC as News Director

TV news veteran Coleen Marren has departed as news director at KDKA-TV in Pittsburgh to rejoin WTIC-TV in Hartford, Conn., where she previously was news director for five years in the 1990s.

Marren joined KDKA in July 2009. Prior to that she was news director at WCVB-TV in Boston for eight years.

She also has been news director at WISN-TV in Milwaukee and, before that, at Boston's WFXT-TV.

In addition, Marren held news posts at WTNH-TV in New Haven, Conn., and WBBM-TV and WLS-TV in Chicago.



PHOTOGRAPH BY PITTSBURGH POST-GAZETTE

reporting duties to her traffic anchoring at WCAU-TV in Philadelphia.

Darla Miles has joined WABC-TV in New York as a reporter from WFAA-TV in Dallas.

Paul Milliken has been renewed as morning

meteorologist at WRIC-TV in Richmond, Va.

Blake McCoy has been promoted to weekend anchor at KTNV-TV in Las Vegas.

Tom Roussey has been renewed as a reporter at WBTV in Charlotte, N.C. □

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BY TOM PETNER

Sign Off

Multitasking and Mediocre Everything

There's Good and Bad News to Be Found in the Homogenization of Local TV News

The good news in local TV these days is who's getting hired these days in the reporting ranks. And the bad news — well, it's who's getting hired these days in the reporting ranks. Now that many local broadcast news operations are “feeding the beast” 24/7 on three screens — broadcast, Internet and mobile media — the reporters in demand are the generalists and multimedia journalists who can walk, talk, chew gum and shoot, all at the same time.

Where does that leave the era of the specialist? Pretty much dead.

“I can't remember the last time a client requested a specialty reporter ... a medical reporter or a business reporter,” said Barbara Frye, VP of talent placement services at Frank Magid Associates.

Investigative Reporters Still in Demand

“The one specialty I do get requests for is an investigative-type reporter,” said Frye. “They're looking for someone who does only investigative, so they're not using them as a hybrid reporter. They want them to devote their full attention to investigations.”

So that's the good news. It's a no-brainer to see the value of hiring an investigative type to dig for details, ferret out buried records and chase down the bad guys.

And what about the bad news?

With the demise of specialty reporting, we may be in danger of turning local TV news into “mediocre everything,” a phrase that's stuck with me after hearing Gil Thelen, the former publisher and president of the Tampa Tribune, use it several years ago to describe the potential danger and downside of media convergence “if we do it badly.”

As specialty reporters fade into oblivion and the generalists take over, are viewers getting an informed and accurate picture of complicated issues from local TV news?

The health care debate stories coming out of broadcast newsrooms are the best example. Viewers are still confused about the legislation. I suspect few reporters charged with interpreting and reporting on the legislation ever read it, or even skimmed the details.

To hear members of Congress tell it, they had trouble consuming all the information. So do you think local TV reporters understand the bill? I doubt it.

To be fair, who can blame them? What local reporter (or producer) has the time?

“News directors are in an impossible situation. More and more is being demanded of them and their staffs to feed more and more platforms,” said Bob Papper, the journalism chair at Hofstra and the

guy who leads RTDNA research. “Newsroom staffs are being cut and resources spread thin. ... the fewer reporters you have, the less ability you have to make them specialists.”

What's more troublesome in this new age of the generalist is something a colleague recently observed about TV reporters and the health care issue: “They all say, ‘here is what it means to you,’ but I'm not so sure.”

Generalists Turned Into Specialists

“I have the same concerns as you to the media content culture changing, and short-changing audiences,” said Michael Sullivan, news director for WJCL-TV and sister station WTGS-TV in Savannah, Ga. “All the reporters are generalists and required to do that along with their specialties. I only hire reporter specialists of two years with a passion for the category I am filling.”

Many stations are dealing with today's reality by having reporters and anchors handle dual roles. One top 20 news director, who wanted to remain anonymous, told me, “The era of the specialist is partly behind us. I tell reporter candidates the more you can do, the more valuable you are to me,” he said. “That doesn't mean we don't have beats. We want people with special expertise, but it does mean you might be rushing off to cover a grass fire.”

According to Matthew Hilk, news director at WSMV-TV in Nashville, Tenn., “It's a tough balance: On the one hand, we all have limited resources and large market areas. On the other hand, expertise

As specialty reporters fade into oblivion and generalists take over, are viewers getting an accurate picture of complicated issues?

is one of the few things that separates us from our viewers.”

In an effort to deal to that “tough balance” and drill down into the content, WSMV has two full-time investigative reporters and a morning anchor who reports on dayside stories several times each week. And, in what's standard operating procedure in many local TV stations, WSMV's specialists are not immune from covering the day's hard news.

“Every single one of those specialists is also ready, willing and able to jump into breaking news, severe weather, or whatever else needs to be done, on a moment's notice,” said Hilk.

While that's an admirable sentiment, I'm not so sure it's good for the audience. It could portend the era of mediocre everything in local news.

Tom Petner is an award-winning journalist and media executive. He can be reached at tpetner@gmail.com.



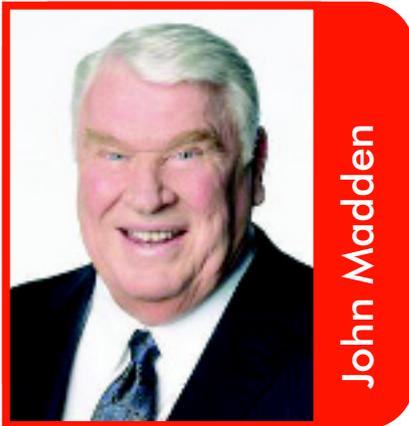
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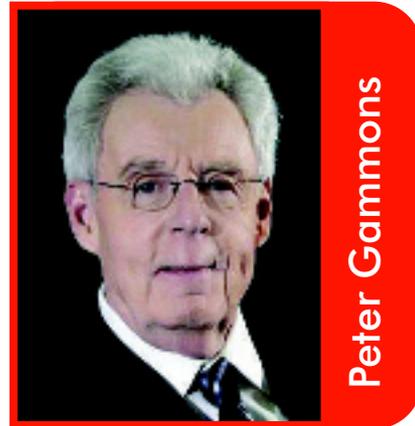
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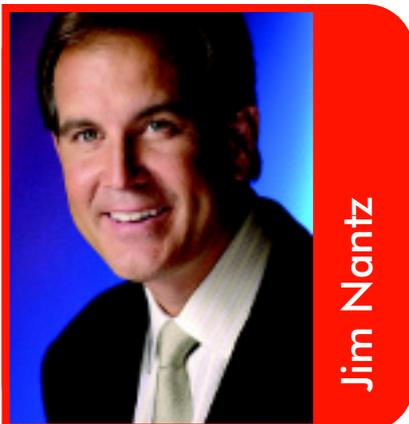
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"Eventually, all things merge into one, and a river runs through it. The river was cut by the world's great flood and runs over rocks from the basement of time. On some of the rocks are timeless raindrops. Under the rocks are the words, and some of the words are theirs. I am haunted by waters."

Norman Maclean, *A River Runs Through It*

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And, yes, it's SEJ's 20th anniversary, and we'll do it up right at the Montana Snowbowl Lodge in the mountains outside of Missoula with our blowout party, where surprise VIP guests are expected.

If you go anywhere this year... **COME TO MISSOULA IN OCTOBER!**